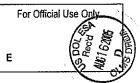
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7/91	2. Fiscal Year Covered From:		
ŕ	01 / 01 / 2004 Through: 12/31/2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name LEONARD A JENNINGS	Name CONSTRUCTION & General Laborer's UNION #264		
	Labor Organization File Number 018-798		
P.O. Box, Bldg., Room No., if any Apt 4C	P.O. Box, Building and Room Number, if any Suite 103		
Street 10617 Easi 98th Terr	Street 1101 East 87th Street		
City KANSAS CITY	city ICHALSAS City		
State Missouri ZIP Code + 4 64134	State Missouri ZIP Code + 4 64131		
5. Position in labor organization. Field Representative			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of			
monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount,		
Street			
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Leonard Jerming	on 8/10/05 816-361-1000 ext: 26		

Name of Person Filing LEONRD A. JENNINGS	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ely seeking to represent, or rectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	ર્જ્યાની આ પ્રકાશન વંદ પાલાન કેલામાં એ ભૂગ મોડા તે, આ વંદન વાનવી માલામાં કે તમું માલા છે. તે આ માત્રે બાળો તાને તું તું તું મુખ્ય મુખ્ય કુલામાં કેલામાં તે ભૂગ મોડા તે, તું તું વધા વધા કેલામાં લોકો તે તે તે તે તે તે તે તે ત
Name W.M. Ks. CKC Laborer's Apprentiship P.	As an Office of #264, I told my wife the Apprentise Dinner which was held	tended along with
Trade Name, if any:	Dunn which was held	404
P.O. Box, Bldg., Room No., if any	657.00 x 2=8114.00	**************************************
Street 8944 KAW Drive	11.b. Approximate dollar value of such dealing.	114.00
· City KAWAS CITY	12.a. Nature of interest held or income receive	d.
State KANSAS ZIP Code + 4 66 111		

	12.b. Amount.	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above)	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above) v or other thing of value. 14.a. Nature of payment.	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above) v or other thing of value. 14.a. Nature of payment.	
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